PAGE 1 / 11

# **FEC**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIVI 3A	For O	ther Than An Au	uthorized	l Commit	ttee		Office Us	se Only
NAME OF COMMITTEE (in f		OR PRINT ▼		mple: If typer the lines.	oing, type	12FE	4M5	
Floridians for Fr	reedom PAC	<b>)</b>						
ADDRESS (number and		2 Crighton Drive						
Check if different than previous reported. (AC	ly Du	blin				ОН	43016	·   -
2. <b>FEC IDENTIFICA</b>	TION NUMBE	₹	CITY A			STATE A		ZIP CODE ▲
C C00617134		3.	IS THIS REPORT	x	NEW (N) <b>OR</b>		AMENDED (A)	
4. TYPE OF REPO (Choose One)  (a) Quarterly Repo		Report Due On:	eb 20 (M2) lar 20 (M3) pr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	<u> </u>	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M (Non-Election Year Only)  Dec 20 (M (Non-Election Year Only)  Jan 31 (YI
July 15 Quarterly October 1 Quarterly January 3	Report (Q3)	(c) 12-Day PRE-Election Report for the:	Etion on	Primary (12 Convention		=	eral (12G) iial (12S)	Runoff (12)
July 31 M	lon-election () (MY)	(d) 30-Day POST-Election Report for the:	×	General (30	0G)	Runc 2016	off (30R)	Special (30 in the State of
5. Covering Period	10	01 2016	Y Y	through	м - м	/ D D	/ Y Y 20	Y
I certify that I have exa Type or Print Name of	Phi	ort and to the best llips, Robert, , , III	of my kno	wledge and	I belief it is tr	rue, correct	and comple	te.
Signature of Treasurer	Phillips, Rob	ert, , , III		[Electronica	lly Filed]	Date 1	2 01	
NOTE: Submission of fa	lse, erroneous, o	r incomplete informat	tion may su	bject the pe	erson signing	this Report	to the penalti	es of 52 U.S.C. § 3
Office Use								<b>FORM 3X</b> Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIF 13 AND DISBORSEMENTS	Page <b>2</b>
Wri	te or Type Committee Name		
FI	oridians for Freedom PAC		
Rep	port Covering the Period: From:	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 11 28 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (	a) Cash on Hand January 1, 2016		0.00
(	b) Cash on Hand at  Beginning of Reporting Period	49.87	
(	c) Total Receipts (from Line 19)	0.00	120.00
(	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49.87	120.00
7.	Total Disbursements (from Line 31)	49.87	120.00
F	Cash on Hand at Close of Reporting Period Subtract Line 7 from Line 6(d))	0.00	0.00
t	Debts and Obligations Owed <b>TO</b> he Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations Owed <b>BY</b> he Committee (Itemize all on Schedule C and/or Schedule D)	2379.13	
	This committee has qualified as a mul-	ticandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

#### Floridians for Freedom PAC

01 10 2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 0.00 0.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 120.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 120.00 12, 13, 14, 15, 16, 17, and 18(c))....... 0.00 20. Total Federal Receipts 0.00 120.00 (subtract Line 18(c) from Line 19) .......▶

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Salsina. 1941 to Sale		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating		20.10		
Expenditures(c) Total Operating Expenditures	20.00	90.13		
(add 21(a)(i), (a)(ii), and (b))▶	20.00	90.13		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	4 4	0.00		
and Other Political Committees  Independent Expenditures	0.00	4 4		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	29.87	29.87		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101( (a) Allocated Federal Election Activity (from Schedule H6)	(20))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	49.87	120.00		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	49.87	120.00		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	20.00	90.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20.00	90.13

### S П

SC	CHEDULE B (FEC Form 3X)	FOI				LINE NUMBER: PAGE 6 OF 11								
ITI	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(0		only one)								
			Summary Page			1b 8a	22 28b	Ш	23 28c		26	27 30b		
		<u> </u>		<u> </u>										
	y information copied from such Reports and Staten for commercial purposes, other than using the nam													
ackslash	NAME OF COMMITTEE (In Full)													
$ \rangle$	Floridians for Freedom PAC													
_	Full Name (Last, First, Middle Initial)						<u> </u>							
A. Phillips, Robert, , , III							Date of Disbursement							
	Mailing Address 5822 Crighton Drive						10	_	06	6	L.	2016		
	,	State	Zip Code				FEC Id	dentif	icatior	n Nun	nber			
	Dublin Dishura areast	ОН	43016						_	_		-		
	Purpose of Disbursement			$\Box$			C	ansa	ction	ID : S	B26.4	115		
	Candidate Name				egory/ ype		Amour	nt of	Each	Disbu	ırseme	ent this	_	d
	Office Sought: House Disburser						29.87							
	Senate   President	Primary Other (spec	General ify) ▼				П							
	State: District:	· · ·	, ,				IVI	emo	item					
	Full Name (Last, First, Middle Initial)													
В.							Date o	of Dis	burse	ment				
	Mailing Address					-	M M / D D / Y Y Y Y							
	Ivialility Addiess													
	City	State	Zip Code				FEC Id	dentif	icatior	n Nun	nber			
	Purpose of Disbursement					-	С					-		
						Ш	O							
	Candidate Name				egory/ ype		Amount of Each Disbursement this Period					d		
	Office Sought: House Disbursen	nent For:			урс									
	Senate	Primary	General			4 4								
		Other (spec	ify)				Memo Item							
_	State: District:					_								
C.	Full Name (Last, First, Middle Initial)						Date o	of Dis	burse	ment				
	AA-10 A-I-I						M	/	D	D /	Υ	Y	Y	
	Mailing Address							-	-				-	
	City	State	Zip Code				FEC Id	dentif	icatior	n Nun	nber			
Purpose of Disbursement						╗	С					-		
					Ш					_				
Candidate Name Category/ Type							Amount of Each Disbursement this Period					d		
Office Sought: House Disbursement For: Senate Primary General					$\dashv$					- I				
President Other (specify) ▼							Memo Item							
	State: District:													
s	UBTOTAL of Disbursements This Page (optional)				>	•				Ξ	<del>-</del>	29	9.87	
<u> </u>	OTAL This Device (4)					_					-	20	9.87	
ĮΤ	OTAL This Period (last page this line number only)					•								

# SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 11

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4111
Floridians for Freedom PAC		
LOAN SOURCE Full Name (Last, First, Mi	iddle Initial)	N
Henry Alan, LLC	idale ilitial)	Primary
		General
Mailing Address 5822 Crighton Drive		U Other (specify) ▼
City	State	ZIP Code
Dublin	ОН	43016
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
50.00		0.00 50.00
TERMS  Date Incurred	Dr	ate Due Interest Rate Secured:
M M / D D / Y Y Y Y	M M / D D	/ Y Y Y Y
09 20 2016		12/31/2016 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
		Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		
Walling Address		Occupation
City State	ZIP Code	Amount
		Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
		Traine of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
-	•	·
SUBTOTALS This Period This Page (optional)		50.00
		50.00
TOTALS This Period (last page in this line onl	y)	
Carry outstanding balance only to LINE 3. Sci	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 11

Transaction ID: SC/10.4099  Toriclians for Freedom PAC  LOAN SURCE Full Name (Last, First, Middle Initial)  Mailing Address 5822 Crighton Drive  City  Dublin  Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This Period  Transaction ID: SC/10.4099  Transaction ID: SC/10.4099  Transaction ID: SC/10.4099  Other (specify) ▼  Other (specif			Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
DOAN SOURCE Full Name (Last, First, Middle Initial)	AME OF COMMITTEE (In Full)		Transaction ID: SC/10.4099
Philips, Robert, I. III in Name (Last, First, Middle Initial)  Mailing Address sezz Crighton Drive  City	Floridians for Freedom PAC		
Philips, Robert, I. III in Name (Last, First, Middle Initial)  Mailing Address sezz Crighton Drive  City	LOAN COURCE Full Name (Lock First M	iddle leitiel\	N Mome Item   Flection:
Mailing Address 5822 Crightion Drive  City	Phillips, Robert, , , III	iddie initial)	Wichio Rem
City			
Dublin  OH 43016  Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This Period  50.00  29.87  20.13  TERMS  Date Incurred  Date Due Interest Rate  Secured:  To 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Mailing Address 5822 Crighton Drive		Other (specify) ▼
Dublin  OH 43016  Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This Period  50.00  29.87  20.13  TERMS  Date Incurred  Date Due Interest Rate  Secured:  To 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This Period  TERMS  Date Incurred  Date Due  Interest Rate  Secured:  Name of Employer  Malling Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  State  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  City  State  ZIP Code  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  City  State  ZIP Code  Amount Guaranteed Outstanding:  City	City	State	ZIP Code
Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This Period  TERMS  Date Incurred  Date Due  Interest Rate  Secured:  Name of Employer  Malling Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  State  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  City  State  ZIP Code  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  City  State  ZIP Code  Amount Guaranteed Outstanding:  City	Dublin		42046
TERMS Date Incurred Date Due Interest Rate Secured:  "55" Date Incurred Date Due Interest Rate Secured:  "50" Date Due Interest Rate Secured:  "50" Date Due Date Due Interest Rate Secured:  "50" Date Due Date Date Due Date Date Due Date Date Due Date Date Date Due Date Date Date Due Date Date Date Date Date Date Date Date		_	
TERMS Date Incurred Date Due Interest Rate Secured:  05	Original Amount of Loan	Cumulative Payl	nent to Date Balance Outstanding at Close of This Period
Date Due Interest Rate Secured:    Date Due	50.00		29.87 20.13
Date Due Interest Rate Secured:    Date Due	TERMS		
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  Description  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:	Date Incurred		te Due Interest Rate Secured:
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Employer  Mailing Address  Coccupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Employer  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Docupation  City  State  ZIP Code  Amount Guaranteed Outstanding:	05 03 2016	M   M / D   D	12/31/2016 0.00 Yes X No
1. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Employer  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  Name of Employer  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  Name of Employer  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  Name of Employer  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  Name of Employer  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  Name of Employer  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  Mailing Address  Occupation			70 (apr)
Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	to Loan Source	
City State ZIP Code Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Amount Guaranteed Outstanding:  City State ZIP Code Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Amount Guaranteed Outstanding:	1. Full Name (Last, First, Middle Initial)		Name of Employer
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Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  Name of Employer  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Mailing Address  Occupation  Name of Employer  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Description  Totals This Period This Page (optional)  Description  D	2 Full Name (Last First Middle Initial)		
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City State ZIP Code Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mame of Employer  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  City State ZIP Code Amount Guaranteed Outstanding:  COTALS This Period This Page (optional)	Mailing Address		Occupation
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Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Name of Employer  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  COTALS This Period This Page (optional)	City State	ZIP Code	
Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  City  State  ZIP Code  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)			
City State ZIP Code Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  City State ZIP Code Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional) 20.13	3. Full Name (Last, First, Middle Initial)		Name of Employer
City State ZIP Code Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  City State ZIP Code Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional) 20.13			
Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only).	Mailing Address		Occupation
Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only).			
A. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  COTALS This Period (last page in this line only)	City	ZIP Code	Amount Guaranteed
Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  CUBTOTALS This Period This Page (optional)  20.13			Outstanding:
City State ZIP Code Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional) 20.13	4. Full Name (Last, First, Middle Initial)		Name of Employer
City State ZIP Code Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional) 20.13			
Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)	Mailing Address		Occupation
Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)	City	ZID Codo	
SUBTOTALS This Period This Page (optional)	City	ZIF Code	Guaranteed
TOTALS This Period (last page in this line only)			Outstanding:
TOTALS This Period (last page in this line only)			
	SUBTOTALS This Period This Page (optional)		20.13
Carry outstanding halance only to LINE 3. Schedule D. for this line If no Schedule D. carry forward to appropriate line of Summary	TOTALS This Period (last page in this line on	ly)	······································
JOHY VULBIONING DOIGHTE VINY IV LINE 3. SCHEUGE D. IOF HIS INE. II NO SCHEUGE D. CALLY IOFWALD TO ADDITIONATE HIS OF SHIMMARY	Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D. carry forward to appropriate line of Summary

# SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 11

		Detailed Suffillary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Floridians for Freedom PAC		Transaction ID : SC/10.4100
LOAN SOURCE Full Name (Last, First, Mi Phillips, Robert, , , III	ddle Initial)	N ☐ Memo Item
Mailing Address 5822 Crighton Drive		General  Other (specify) ▼
City	State	ZIP Code
Dublin	ОН	43016
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
20.00		0.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 05 M / D 11 D / Y 2016	M = M / D = D	12/31/2016 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		20.00
TOTALS This Period (last page in this line only	y)	90.13
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

### SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 10
FOR LINE NUMBER: (check only one)

	9
X	10

10 OF

NAME OF COMMITTEE (In Full) Floridians for Freedom PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Accounting and Compliance Henry Alan, LLC Mailing Address 5822 Crighton Drive State Zip Code Dublin ОН 43016 Transaction ID: SD10.4106 Outstanding Balance Beginning This Period 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1250.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Tradename Registration Henry Alan, LLC Mailing Address 5822 Crighton Drive City State Zip Code 43016 Dublin ОН Outstanding Balance Beginning This Period Transaction ID: SD10.4109 39.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 39.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Accounting and Compliance Henry Alan, LLC Mailing Address 5822 Crighton Drive City State Zip Code Dublin OH 43016 Outstanding Balance Beginning This Period Transaction ID: SD10.4105 500.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 500.00 1789.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

### SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

NAME OF COMMITTEE (In Full) Floridians for Freedom PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Accouting and Compliance Henry Alan, LLC Mailing Address 5822 Crighton Drive State Zip Code Dublin ОН 43016 Transaction ID: SD10.4103 Outstanding Balance Beginning This Period 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 500.00 1) SUBTOTALS This Period This Page (optional)..... 2289.00 2) TOTALS This Period (last page this line number only)..... 90.13 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 2379.13 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶